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How can university training and clinical supervision help low-intensity practitioners effectively use Parent-led Cognitive Behavioral Therapy to improve outcomes for children, young people, and families?

Submission date	**Recruitment status**	[_] Prospectively registered
07/07/2023	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
07/07/2023	Completed	[_] Results
Last Edited	**Condition category**	[_] Individual participant data
07/07/2023	Other	[_] Record updated in last year

Plain English summary of protocol

Background and study aims
This research study firstly aims to evaluate the delivery of Northumbria University's clinical training in Parent-led Cognitive Behavioural Therapy, a manualised psychological intervention programme designed by Professor Cathy Cresswell to help parents/carers to support their child with their fears and worries. The training in this intervention is delivered through selected Higher Education Institutes (HEI's) and forms part of a 'recruit to train' initiative funded by the UK Government (Health Education England) to educate a new workforce of Low Intensity Psychological Practitioners, Children's Wellbeing Practitioners and Education Mental Health Practitioners.
Secondly, the study would like to explore how this training may affect low intensity psychological practitioners' confidence and competence in delivering this clinical intervention within clinical practice and if these factors may affect or translate into better clinical outcomes for children, young people, and their families.

Who can participate?
Low intensity practitioners: Education Mental Health Practitioners and Children's Wellbeing Practitioners, Service Supervisors.
Parents of children experiencing anxiety difficulties who are receiving a clinical intervention - Parent led Cognitive Behavioural Therapy.

What does the study involve?
The study involves asking low intensity practitioners to complete a variety of questionnaires about their experiences of receiving training in this clinical intervention taught at university as part of the increasing access to psychological therapies initiative.
As part of this process practitioners will be asked to deliver to parents the taught intervention and will receive in-service supportive clinical supervision where a clinical video recording of the

delivered session will be observed and reviewed. Practitioners will comment on their level of perceived skill and confidence in delivering the intervention.
Parents will be invited to complete an anonymous end of service questionnaire and routine patient outcome data will be collected.

What are the possible benefits and risks of participating?
For Practitioners:
Taking part in the study can be beneficial as you move towards applying for professional accreditation with a governing body such as the British Psychological Society (BPS). One of the requirements of accreditation is that you continue to receive supervision of your 'live practice' with children, young people, and their families. Maintaining your professional/work-based supervision logs within your professional portfolio can provide rich evidence of your ongoing supervised therapeutic work.
Providing feedback to the University about your training experiences can help shape education and training for future trainees.

For Parents:
By taking part in this research study, you can help us to further evaluate how university training and in-Service clinical supervision may help to shape and support low intensity practitioners in delivering the treatment approach you have received. We are keen to hear about your individual experiences of how the intervention was delivered so we can further support practitioners in practice.

There are no identifiable risks of participating.

Where is the study run from?
Northumbria University (UK)

When is the study starting and how long is it expected to run for?
January 2020 to January 2026.

Who is funding the study?
Northumbria University (UK)

Who is the main contact:
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Contact information

Type(s)
Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
314228

Study information

Scientific Title
How can university training and clinical supervision, support low-intensity practitioners to effectively deliver a Parent-led Cognitive Behavioural Therapy intervention and improve outcomes for children, young people and families?

Study objectives
1. To explore low intensity (LI) practitioner views and experiences of how Northumbria University's 4-day training programme utilising the manualised Parent-Led CBT treatment approach is delivered. Does the programme delivery meet its learning aims and objectives and does the training effectively 'equip' practitioners in competently delivering this evidence-based intervention with parents?
2. To explore what factors may influence self-perceived practitioner confidence and competence in delivering a Parent-led CBT intervention within the community setting and to determine how these factors may influence or affect programme delivery.
3. To examine the usefulness of using a Parent-led CBT competency rating tool within clinical supervision. How does the tool affect confidence and competence of LI practitioners, and does it result in improved outcomes for parents?
4. To evaluate if Parent-led CBT interventions facilitated by LI practitioners are effective. This will be achieved by obtaining the views of participants (parents/carers) via a questionnaire and by examining clinical outcome data to determine whether treatment goals have been achieved.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 21/02/2023, East of England - Cambridge Central Research Ethics Committee (Equinox House, City Link , Nottingham, NG2 4LA, United Kingdom; +44 207 104 8143; cambridgecentral.rec@hra.nhs.uk), ref: 23/EE/0011

Primary study design
Observational

Study design
Observational cross-sectional study

Study type(s)

Other

Health condition(s) or problem(s) studied

This is a training evaluation examining the delivery of a clinical intervention as part of a university psychological therapies course, with a follow up evaluation of practitioner skill and confidence in delivering the taught intervention within clinical practice to parents of children who experience anxiety difficulties.

Interventions

The researcher will send the participating Service a data collection sheet using an excel word format. Anonymised outcome data will be populated onto the excel sheet by the Service /Practitioner and will be sent to the researcher. Anonymised 'End of Service' questionnaires completed by parents/carers will be sent to the researcher again at the end of the study.

Qualitative data to be collected
(Low Iintensity qualified practitioners/trainees/supervisors)
• Qualified LI practitioners and trainees will be invited to complete the researcher's evaluation of training form which will capture individual reflections of experiences of receiving training in Parent-led CBT with opportunities to add free text.
• Qualified LI practitioners, trainees and supervisors (post PLCBT session delivery) will also be invited to complete a questionnaire commenting on the utility and usefulness of clinical supervision using the competency rating scale/marking tool following 'live supervision' of practice.

Quantitative Data to be collected
(Low Intensity qualified practitioners/trainees/supervisors):
• Pre-PLCBT intervention (and post university training) qualified LI practitioners and trainees will be invited to complete a pre-intervention PLCBT university competence tool incorporating a self-rating scale capturing self-perceived level of skill and confidence. The competence tool is based on the Dreyfus and Dreyfus model of Skill Acquisition (1986), a 5- point Likert scale which is used to assess and support progress in the development of skills or competencies. The self-rating tool asks practitioners to rate their self-perceived level of skills as being either; novice, advanced beginner, competent, proficient or expert. Additionally, a 5-Likert scale of confidence adapted from Joshi et al 2015, will be used to capture self-perceived levels of confidence.
• Post-PLCBT intervention LI practitioners and trainees (following an observation of a clinical recording of practice in supervision) will be asked to re-rate their self-perceived level of skills and competence using the PLCBT university competence tool incorporating the Dreyfus and Dreyfus scale (1986) and the 5-Likert scale of confidence. Self- perceived post-competency scores will be generated.
• Supervisors will be asked to view the qualified practitioner or trainee's 'live session recording' and then use the university devised competency tool incorporating the Dreyfus and Dreyfus competency rating scale (1986) and the 5- Likert scale of confidence to generate both a competency rating score for skill and confidence.

Parents/Carers:
• Parents/Carers will be asked to complete the Revised Children's Anxiety and Depression Scale (RCADS: 47 P) Parent Report Version, (Chorpita, Moffitt & Gray, 2005). This is a validated 47 item self-report questionnaire which is routinely collected in clinical practice. This measures six subscales; major depressive disorder (MDD), generalised anxiety disorder (GAD), obsessive compulsive disorder (OCD), panic disorder (PD), separation anxiety disorder (SAD), social phobia (SP), as well as a total anxiety and total depression scores. Items are scored between 0-3 on a 4-

point Likert scale which corresponds to responses of never, sometimes, often or always. The RCADS has been shown to demonstrate good internal reliability in both clinical and non-clinical samples (Chorpita, Yim, Moffitt, Umemoto & Francis, 2000); Chorpita, Moffitt & Gray, 2005). Pre and post scores will be collected.
• Parental Goal Based Outcomes (Law & Jacob 2015) will be collated. Goal-Based Outcomes (GBOs) are a self- report measure of progress toward one or more identified idiosyncratic goals - this is a validated questionnaire. Goals are rated pre- and post-intervention on a 10-point scale. Higher scores indicate progress toward meeting a specified goal. As a clinical tool, GBOs are described as having good face validity and correlate well with other tools measuring symptom change (Law, 2019). GBOs are routinely collected in clinical practice and can provide information about whether parents attending programmes have achieved their goals and may help to determine whether a Parent-led CBT intervention has successfully met needs. (GBOs completed pre and post intervention (total x2 collection points) between 12-18 months).
• Parental evaluations of treatment sessions will be obtained through the Experience of Service Questionnaires (Law & Jacob 2015)- this is a validated tool/questionnaire. These are also routinely collected in clinical practice and used by Services as a reflective tool to evaluate interventions. (Completed x1 between 12-18 months).

Intervention Type
Other

Primary outcome(s)
1. Initial questions about previous experiences and knowledge of low intensity CBT collected at baseline
2. Questionnaires about University training experiences and training evaluations collected at 2 – 3 months
3. Collection of LI Practitioners/Trainee's self-perceived competency rating Pre-scores based on the Dreyfus and Dreyfus model of Skill Acquisition (1986) and a 5-Likert scale of confidence. (Pre-scores collated) collected at 2 – 3 months
4. Collection of Service data from parents/carers including outcomes measures such as pre and post RCADS, Goal-based outcomes (GBO's) and End of service evaluations collected at 12 months
5. Collection of LI Practitioners/Trainee's (and Supervisors) self-perceived competency rating Post-scores based on the Dreyfus and Dreyfus model of Skill Acquisition (1986) and a 5-Likert scale of confidence collected at 12 and 18 months
6. JISC Survey Practitioners/Trainees and Supervisors requesting feedback about the utility of using the scoring tool in supervision collected at 12 and 18 months

Key secondary outcome(s)
There are no secondary outcome measures

Completion date
04/01/2026

Eligibility

Key inclusion criteria
1. Qualified LI practitioners (CWPs and EMHPs) currently working in clinical practice
2. LI practitioner trainees (CWPs and EMHPs) who have received PLCBT training as part of their course and are clinically active in practice
3. Only participants who have/or are currently attending a programme of study at Northumbria University and who are currently delivering either a Parent-led CBT group or an individual

programme to parents.
4. LI practitioners must be receiving regular clinical supervision as part of their role. (All LI qualified practitioners and current trainees currently working within Services should be receiving regular 'live' clinical supervision as this is a standard requirement)
5. LI practitioners must be willing to and have obtained consent from families to record 'live' clinical practice sessions for supervision purposes and for their information to be included in the study

Participant type(s)
Health professional, Learner/student, Service user

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
LI Practitioners who:
1. Have not attended a Northumbria University training programme
2. Are not receiving 'live' clinical supervision as part of their role
3. Are unable to (i.e., have not obtained parental consent) or do not have access to record 'live' sessions as part of their supervision practices

Date of first enrolment
25/05/2023

Date of final enrolment
25/05/2025

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Northumbria at Newcastle
Ellison Building
Newcastle upon Tyne
United Kingdom
NE1 8ST

Study participating centre
Tees, Esk Wear Valley NHS Trust (tees)
Trust Headquarters
West Park Hospital
Edward Pease Way
Darlington
United Kingdom
DL2 2TS

Sponsor information

Organisation
Northumbria University

ROR
https://ror.org/049e6bc10

Funder(s)

Funder type
University/education

Funder Name
Northumbria University

Alternative Name(s)
Northumbria University, Newcastle

Funding Body Type
Private sector organisation

Funding Body Subtype
Universities (academic only)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			26/07/2023	No	No
Protocol file	version 3	22/02/2023	07/07/2023	No	No